

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** BOREAL ACCESS

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** PO Box 1269, 601 5<sup>th</sup> AVE. W, GRAND MARAIS MN  
55604

**Name of Agent Designated to Receive**

**Notification of Claimed Infringement:** SUE McDONNELL

**Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):**

910 BOREAL ACCESS, PO BOX 1269, 601-5<sup>th</sup> AVE West, GRAND MARAIS, MN  
55604

**Telephone Number of Designated Agent:** 218-387-9471

**Facsimile Number of Designated Agent:** 218-387-1306

**Email Address of Designated Agent:** office@boreal.org

**Signature** \_\_\_\_\_ **Representative of the Designating Service Provider:**

**Date:** 1/21/02

**Typed or Printed Name and Title:** /s/ John Oberholtzer Chairman

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

**RECEIVED**

JAN 28 2002

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